

State Licensing Section

Facility's Name: Susan's Adult Residential Care, LLC	CHAPTER 100.1
Address: 1315 Gulick Avenue, Honolulu, Hawaii 96819	Inspection Date: December 11, 2019 Annual

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

1961-11-11

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – an order for Polyethylene Glycol was changed on 11/11/19. No documentation for the change in the order and the resident's response was made by the PCG in progress notes.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>6/2/20 11:00 61.</p>

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Licensee's/Administrator's Signature: Susan Ramirez

Print Name: SUSAN RAMIRO

Date: 12/11/19

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

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